STATEMEN And Plan (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S), 0938-03 BURVEY
				ie	COMPL	ETED
***		09G164	B. WING_		400	
	ROVIDER OR SUFPLIER - H OMES		6	reey address, City, State, Zip code 824 Eastern avenue, NW	110/1	6/2008
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		VASHINGTON, DC 20012		
PREFIX	i (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TÁG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	OULDER	(X8) COMPLET DATE
W 000	INITIAL COMMEN	тэ	W 000			
	October 14, 2008. The survey was Initial fundamental survey of two clients was a population of four vand other disabilities were based on obstacility and at one of records, including a	through October 15, 2008. Itated using the "y process. A random sample selected from a residential women with mental retardation ps. The findings of the survey servations, interviews at the lay program, and a review of unusual incident reports.	W 124	DEPARTMENT OF HEALTH REGULATION A 825 NORTH CAPITOL ST. WASHINGTON, D	TRICT OF CO FHEALTH ADMINISTRAT . N.E., 2ND FI	ION
	RIGHTS The facility must en	sure the rights of all clients. y must inform each client,	77 124	W124 Upon review by the		
	parent (if the client of the client's medic and behavioral stat treatment, and of th	is a minor), or legal guardian, cal condition, developmental tus, attendant risks of e right to refuse treatment.		administration, the faci did fail to inform client legal guardian of the cli medical condition, developmental and behavioral status, attend	#1's ient's	
	sased on observety, facility fa sech client and/or the nformed of the clien sevelopmental and I liske of treatment, a	on timet as evidenced by: on, interview and record lied to ensure the rights of reir legal guardian to be not medical condition, behavioral status, attendant nd the right to refuse on the sample.		risks of treatment and the right to refuse treatment facility will ensure that standard is obtained by	he t. The	11/28/0
7	he findings include:					1
ls p:	onseni was obtaine egal guardian prior t eschotropic medical					
174301F 9	RECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNAT	TURE -) TITLE ,) DATE
	2011	·	<u> </u>	FOGRAL DOOR	/n	.,

FORM CM8-2567(02-99) Previous Versions Obsolete

Event (D: G70711

Facility ID: 09G154

If continuation sheet Page 1 of 14

STATEMEN	TOF DEFICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CUA	(XC21 MI	ILTIPLE CONSTRUCTION), 0938-039
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	-	(X3) DATE	SURVEY (LETED
		08G154	9. WINK	3		
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	10/	16/2008
MARJUI	L HOMES			8694 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	ib.	PROVIDER'S PLAN OF CORREC	Time:	, , , , , , , , , , , , , , , , , , ,
TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	III B BE	COMPLETION DATE
W 124	Cantinued From pe	ige 1	W 12		<u> </u>	+
	6:28 PM revealed (evening medication october 14, 2008, beginning at Dient#1 received medications		1. The facility will obtain informed		11/28/08
	Chlorpromazine. In nurse during the me	Sapapentin and needleation administration		consent pertaining to client#1's		
	revealed the aforemused to address the	nentioned medications were		psychotropic medications by		
	Director revealed the capacity to give Info	conference on October 14, conducted with the Program at Client #1 did not have the rmed consent for the use of				
	October 16, 2008, a Client #1's psycholo	bilitation services. The statement was verified on t 3:30 PM through review of gical assessment dated		*		
	Chental "Is not able	cording to the assessment,		2. The facility did fail to		
	piacements. She is:	g her residential or day cks the cognitive skills		obtain consent for client #1 psychotropic	'	
	necessary to unders decisions and theref	tand the implications of such		medications prior to		
] (Consone Signacks.	tile luddiment and insight		psychotropic		ļ
11	Program Director for	cisions independently." The ther revealed the client had a		medication use; even		
. [1	egal guardian to ass	list her in decision making.		though consent was obtained twelve days		
€	Review of the client's additional interview w	/Ith the OMRP on October		after increase in		
t	15, 2008, åt 3;06 PM hat Client #1's treatn	falled to provide evidence		psychotropic medications for		1
h	renemia and potentia her medications, and	side effects associated with		Thorazine 200mg this		j
ויין	resiment, had been (explained to her and a		still does not negate		1
16	egally suthorized rep	resentative.		the fact that prior authorization was not		
	· · · · · · · · · · · · · · · · · · ·	o obtain informed consent		met.		

CENTE	ERS FOR MEDICARE	& MEDICAID SERVICES			FOR	M APPROVE
STATEMEN	nt of déficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A BUIL	JITIPLE CONSTRUCTION DING	(X3) DATE	O. 0938-039 SURVEY LETED
	<u> </u>	09G154	B. WIN	9		/#D1564m
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 8834 FASTERN AVENUE, NW WASHINGTON, DC 20012	1 10	/16/2008
(X4) ID PREFIX TAG	I (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	/D PREFIX TAG	PROVIDER'S PLAN OF CORRE	V 4 6 5 5	GOMPLETION DATE
	from Client #1's legal Increase of psychote initial use. [Cross refer above]. #1's medical record revealed a written F March 19, 2008, to in 200 mg BID. Interviduring the entrance 2008, revealed Client Record verification of PM revealed although formed consent for not obtained from the 2008, twelve days af psychotropic medical At the time of the surprovide evidence the obtained from the client representative prior to psychotropic medical 483.420(d)(1) STAFF CLIENTS The facility must developed the surpresentation of the second procedure mistreatment, neglect the standard procedure in the standard procedure in the second p	Continued review of Client on October 15, 2008, Physician Orders (POS) dated increase Thorazine 100 mg to ew with the Program Director conference on October 14, at #1 did have a guardian. In October 15, 2008, at 2:20 h Client #1 had evidence of Thorazine 200 mg, it was a guardian until March 31, ter the increase in the tion had been initiated. Vey, the facility failed to tinformed consent was ent and/or legally authorized to the administration of the clon. TREATMENT OF	W 146	Therefore the administration will train the facility's QMRP to ensure the future oversight of sobtaining informed consent from a leg guardian prior to administration of psychotropic medications does noccur for client #1 well as all remaining client's in facility be	at not al	11/28/08
RM CMS-2557	(02-99) Pravious Versions Obs	solete Event ID: G7D711	Fac	ollity ID: 09G154 H south	ation sheet	

If continuation sheet Page 3 of 14

		AND HUMA'N SERVICES & MEDICAID SERVICES	_		FOR	D: 11/05/2006 M APPROVED D. 0936-0391
STATEMENT AND PLAN C	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE COMP	SURVEY
	,	09G154	a. WING)	10	18/2008
NAME OF P	ROVIDER OR SUPPLIER		5	BTREET ADDRESS, CITY, STATE, ZIP COD 8634 EASTERN AVENUE, NW WASHINGTON, DC 20012		10/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SG IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION I CROSS-REFERENCED TO THE A DEFICIENCY)	BHOULD BE	DOMPLETION DATE
	The findings included Observation of the administration conductions including Chiorpromazine. a) Preceding the observations including Chiorpromazine. a) Preceding the observation, Client Orders (PO) were reported to the written orders received the written orders received of the March Administration Received of the March Thoraxine 100 mg finding the process of the March 16, 2008, beconsent from the guident was administed March 17, 2008 thro Review of the Client was administed March 17, 2008 thro Review of the client did not receive the indid not receive the individual review of the client's did not receive the individual review of the client's did not receive the individual review of the client's did not receive the individual received received the received r	evening medication fucted on October 14, 2008, M-revealed Client #1-received and Seroquel, Gabapentin and baservation of the medication at #1's written Physician's eviewed on October 14, 2008, PM. Continued review of the avealed a PO dated March 13, Zine 100 mg twice daily. The 100 mg twice daily. The 2008, Medication and (MAR) on October 16, Client #1 did not receive the con until March 17. Further evealed the facility's accumented on the reverse to Client #1 did not receive to the facility "needed and an." Client #1's MAR revealed the red Thorazine 100 mg from ugh March 19, 2008. Is records revealed the facility formed consent from Client facility med consent from Client facility formed consent from Client facility formed consent from Client facility formed consent from Client	W 14	A). Upon review by the administration on policiand procedures that primistreatment, neglect abuse of clients, the facility administrations own peregards to client #1 psychotropic medications. Seroquel, Gabapentin a Chlorpromazine by not obtaining informed comprior to start of psychotropic medications. Therefore administration will rest the facility's QMRP to that future oversight of obtaining informed confrom a legal guardian pradministration of psychotropic medication does not occur for clients.	cies ohibit or cility olicy in ons of and tropic tropic tropic tropic sent ensure not sent rior to ns t#1	
	written PO dated Ma Thorezine 200 mg tw Thorezine 100 mg Po	al record revealed another rch 19, 2008, to "give rice daily and to discontinue O Bid." Interview with the n October 15, 2008, at		as well as all remaining clients in facility by		11/28/08

CENT	CHACAL OF HEALT	AND HUMAN SERVICES			FORM APPROVE
CENT	ERS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-039
AND PLAN	INT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDENSUPPLIENCUA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	JUTIPLE CONSTRUCTION	(XS) DATE SURVEY COMPLETED
l		006484	B. WING		
NAME OF	PROVIDER OR SUPPLIER	09G154		<u> </u>	10/16/2008
				STREET ADDRESS, CITY, STATE, ZIP CODE	
MARJU	JL HOMES			6634 EASTERN AVENUE, NW WASHINGTON, DC 20012	
(X4) ID PRIEFIX	LACK DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN DE CORRECT	ION (#b)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETION DATE
W 149	A A STATE OF LIGHTING		W 14	49 :	
	approximately 4:12	PM revealed that the client	, ,,	B) The administration	
	Started Thorazine 2	00 mg on Merch 20, 2008		recognized that Client # 1s	
	Through March 28, 2	2008. Review of the Informed		medical record of	}
	Obtained from Office	ne 200 mg revealed it was		psychotropic medication fo	
	2008, twelve days e	#1's guardian on March 31, fter the initiation of the		Thorazine 200 mg was not	Ψ ₁₁₁
	increase in the citen	t's psychotropic medication.		obtained until twelve days	1
				after the initiation of increa	
	15 2009 of 442 by	urse Coordinator on October		of Thorazine 200 mg.	se
	Dolicy was not to add	firevealed that the facility's minister any psychotropic		Therefore 41	
	medications prior to	receiving informed consent		Therefore, the administration	on i
	from the client's gua	rdian.		will re-train the facility's	
	1			QMRP to ensure that future	}
	An interview was ale	o conducted with the		oversight of not obtaining	
	ascertain if there were	the aforementioned date to a policy that indicated		informed consent from a	'
	psychotropic medica	tion could not be		legal guardian prior to	
	administered before	racelving informed consent		administration of	•
	i from the client's qual	rdian. The policy entitled		psychotropic medication for	, ,
	"Psychotropic Medical	ations Policy and Procedure"		client #1 as well as all	
	Review of a section :	ew on October 16, 2008. Intitled, "Prohibited Use of		remaining clients in facility	
	: rsychotropic Medica	tions" revealed that "the		does not occur, in addition to	_
	USB of psychotropic ri	nedication without the prior		retraining of adherence to	•
	written informed cons	ient of the individual or their i		Marini Homes - 15:	· [
	substitute health care prohibited."	decision maker was		Marjul Homes policies and	
ļ	brottibited.			procedures enforcement for	11/28/08
,	At the time of the sun	vey, the facility falled to		by	***************************************
	ansure that their polic	V that prohibited the use of		1	
1	heading abid Wedical	ION prior to receiving		1,	
W 159	informed consent had	been implemented.		W 159	
,, ,,,	483.430(a) QUALIFIE RETARDATION PRO	EESCIONAL	W 159		
-	· · · · · · · · · · · · · · · · · · ·	- LOSIONAL	_	The QMRP will be re-trained	l
,	Each client's active tre	eatment program must be	-	on each client's active	{
- 1	integrated, coordinate	C and monitored by a		treatment program	
1	qualified mental retard	iztion professional.		integration.	11/00/00
N CMS-256	7(02-99) Previous Versions Ob	edite E. M. J. Physical Physics		<u> </u>	11/28/08
	· · · · · · · · · · · · · · · · · · ·	solete Event ID; Q7 D711	Fino	slity ID: 09@154	ion sheet Pees 5 adds

AND PLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		(XS) DATE	O. 0938-0 E BURVEY PLETED
		09G154	B. WING			
NAME O	F PROVIDER OR SUPPLIER				10	/16/2008
MARJ	UL HOMES			TREET ADDRESS, CITY, STATE, ZIP CODE 6934 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(X4) IC PREFIX	8UMMARY ST	ATEMENT OF DEFICIENCIES	ID I			
TAG	REGULATORY OR	MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	FREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	Mark	COMPLE DATE
W 15	9 Continued From p	age 5	W 15			<u> </u>
· · · · · ·	failed to ensure the			The QMRP will also obtained assessment for client #1 The facility will ensure to the contract of the contract	ric by hat	11/28
	The QMRP failed to comprehensive psy W214] The QMRP failed to Behavior Support P	chiatric assessment. (See		Client #1 and Client #2's addition to all remaining clients at this facility Behavior Support plans reviewed and approved by the Human Rights Comm	s in are	
W 189	The QMRP failed to consent had been o their legal guardian medications and Bei [Sea W263]	UMBD Rights Committee	W 189	The QMRP will also obtain written informed consent if all clients by prospective legal guardians on the use psychotropic medications and Behavior Support plans by	n for of and	11/28/0
	The facility must profinitial and continuing	at provide each employee with nuling training that enables the	,00		·	· · · · · · · · · · · · · · · · · · ·
	raview, the facility fail amployee was crovid	not met as evidenced by: n, interview and record ed to ensure that each ed with initial and continuing the employee to perform his ly, efficiently, and				·

		AND HUMAN SERVICES MEDICAID SERVICES			FOR	D: 11/06/2008 M APPROVED D. 0938-0391
STATEMEN AND PLAN (T OF DEFICIENCIES OF GORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION .	. (X3) DATE	
		08G154	B. WING		10/	16/2008
	ROVIDER OR SUPPLIER . HOMES		Í	TREET AODRESS, CITY, STATE, ZIP CODI 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012		10/2005
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AS DEFICIENCY)	HOULD RE	(X5) COMPLETION DATE
	The findings included the facility falled to was trained and fair that addressed "Me Observation of the administration on Orsvealed Client #3 in Carbamazine, Lithiu Chiorpromazine HC revealed the client with pills from the individed medication nurse he observation revealed the client with the bubble pack. The surveyor that she wow was dropped after the medication nurse if is the pill down the toile follow the nurse into bathroom. Review of the facility Management" on Octon Comedication that is dropped after the pill down the toile follow the nurse into bathroom.	ensure the medication nurse niliar with the facility's policy dication Management." Evening medication ctober 14, 2008, at 8:43 PM accived medications including im Carbonate, and L. Continued observation was observed to punch her use bubble packs while the eld the cup for her. Further diction nurse verbally to punch out another pill from the nurse indicated to the buld flush the medication that is completion of Client #3's ration. Sked by the facility's she wanted to watch her flush at the facility's basement. See policy entitled "Medication to the facility's basement."	VV 18	W 189 The administration's RN retrain all LPN and medication pass nurses employed with Marjul Homes on its medication policy to include dispose medication that is dropp soiled and tampered with	ı al of ed,	11/28/08
	Management" on Oc 'medication that is dr or show signs of tam the nurse in the presenting. At the time of the control of the	tober 16, 2008, revealed Topped or in any way soiled pering shall be destroyed by				

BTATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION	l _{es}	(X3) DATE	O. 0938-03 SURVEY LETED
		09G154	B. WING_		_		/4 # A
	PROVIDER OR SUPPLIER HOMES			REET ACORESS, CITY, STATE, ZIR 8634 EASTERN AVENUE, NW WASHINGTON, DC 20012	CODE	10/	18/2008
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEPICIENCIES 'MUST BE FRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID FREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REPERENCED TO 1 DEFICIENCE	'ION SHOU [HE APPR(ILO BE	(X6) COMPLETIC DATE
W 189	Continued From pa	ge 7	W 189				_
	familiar with the faci	ility's policy for the disposal of					
W 214	medication. 483,440(c)(3)(iii) IN	DIVIDUAL PROGRAM PLAN	W 214				
	The comprehensive identify the client's a behavioral manager	functional assessment must pacific developmental and ment needs.			a.		
	Based on observation	not met as evidenced by: on, interview and record lied to ensure Client #1 ensive psychiatric		1			
j	The finding includes	:		W 214 The facility will en		at	
	Observation of the e	vening medication	,	Client #1 will have			
ſ	8:28 PM revealed Cl	stober 14, 2008, beginning at lent #1 received medications		comprehensive psy-	chiatric	>	
1	including Seroquel, (Sabapentin and		assessment by			11/28/08
	nurse during the may	arview with the medication alloation administration, entioned medications were client's behaviors.		I			·
	(MAR) on October 16 Physician's Order dal Continued review of t was prescribed Serco address intermittent interview with Qualific Professional (QMRP)	ted October 1, 2008. the order revealed Client #1 quel and Chlorpromazine to Explosive Disorder (IED). ad Mental Retardation on October 16, 2008 at					,
3	3:45 PM verified that	Client #1's medication was					,
Т	The interview with the	QMRP was continued on	}			ĺ	

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			ORM APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIFLE CONSTRUCTION (X3)	B NO, 0938-039 DATE SURVEY COMPLETED
		. 09G164	B. WING	1	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	10/18/2008
MARJU	L HOMES			6634 EASTERN AVENUE, NW WASHINGTON, DC. 20012	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEPICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	COMPLETION TE DATE
	October 18, 2008, to comprehensive pays the use of the behaving corresponding particle that corresponding pays the aurvey, the facility paychiatric assessments as a second to the committee show monitor individual prinappropriate behaving the opinion of the client protection and This STANDARD is Based on observation review, the facility far #2's Behavior Supposing and approved by the (HRC).	c ascertain if Client #1 had a chiatric assessment to justify vior modification drugs and exychiatric diagnoses live Disorder). At the time of ty failed to provide evidence and comprehensive sent. OGRAM MONITORING & and other programs that, committee, involve risks to rights. Interview and record lied to ensure Clients #1 and other Programs that, committee involve risks to rights.	W 21	4	
	administration on Oc 6:28 PM revealed Cli including Seroquel, G Chlorpromazine. Inte nurse during the med	evening medication tober 14, 2008, beginning at ent #1 received medications labapentin and erview with the medication distriction, entioned medications were		remaining clients at this facility Behavior Support plans are reviewed and approved by the Human Rights Committee by	11/28/08
1	14, 2008, during the e	ogram Director on October entrance conference redication was used in			
KM CM8-2867	(92-99) Previous Versions Ob	Sciete Event ID: G7D711	Far	offity ID: 09G164	

	•	AND HUMAN SERVICES		FOI	ED: 11/05/2008 RM APPROVED NO. 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDE	TIPLE CONSTRUCTION (X3) DAT	E SURVEY PLETED
		09G154	B. WING] ₁₀	0/16/2008
	PROVIDER OR SUPPLIER . HOMES			Treet address, city, state, zip code 6634 Eastern Avenue, NW Washington, DC 20012	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefix Tag	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
W 262	conjunction with a Review of the client October 16, 2008, dated March 28, 20 plan revealed Clier included physical a behaviors (SIB), c body parts and sm. Review of the facility, 2008, at 3:06 Pheld on September of the HRC minute Client #1's BSP, who psychotropic medic interview with the CProfessional (QMR 2:45 PM revealed the facility on Janutha survey, the facility on Janutha survey, the facility of Janutha Client #1's BS by their HRC. 2. Observation of administration on C6:28 PM revealed interview with the redication administration administration administration on C6:28 PM revealed interview with the redication administration administration of C6:28 PM revealed Client #2's conjunction with a habilitation record of the conjunction with a habilitation record of the conjunction with a habilitation record.	Behavior Support Plan (BSP). It's habilitation record on verified Cilent #1 had a BSP 208. Continued review of the at #1's targeted behaviors aggression, self-injurious rying, rocking, touching private earing saliva. Ity's HRC minutes on October PM revealed a meeting was r 10, 2008. Continued review is failed to provide evidence of high incorporated the use of cations had been reviewed. Qualified Mental Retardation RP on October 16, 2008, at that Client #1 was admitted to any 31, 2008. At the time of lifty failed to provide evidence P was reviewed and approved the evening medication of Ctober 14, 2008, beginning at Client #2 received medications in the stration, revealed the edications were used to	W 26	2. Upon review of the facility's HRC meeting minutes; Client #2's BSP was approved by HRC committee six months after its implementation; and therefore the administration will ensure that the QMRP is re-trained on HRC committee meetings to be held in a timely manner; thus having these meetings to review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that in the opinion of the committee, involve risks to client protection and rights.	11/28/08

BIALEME	NT OF DEPICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	nen 12	11		MB NO	VORTON NO. 0	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MI (A. BUIL	ULTIPLE CONSTRUCTION	(X	(X3) DATE SUB-		
,		08G154	a. Wini	VING				
NAME OF	PROVIDER OR SUPPLIER					10/	/16/2008	
	L HOMES	· 		STREET ADDRESS, CITY, STAT 8834 EASTERN AVENUE, I WASHINGTON, DC 200	VW			
(X4) iD PREFIX TAG	(SEALO DECLARRO	ATRMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLA (EACH CORRECTIVI CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD TO THE APPROPRIES		(XS) COMPLEYIC DATE	
W 262	aggression, scream follow requests in d	eview of the plan revealed 1-behaviors-included physical ting and crying, refused to	W 26		PIENOY			
W 263	held on September of the HRC minutes which incorporated medications had be however, at the time BSP was reviewed/simplementation.	by's HRC minutes on October M revealed a meeting was 10, 2008. Continued review is revealed Client #2's BSP the use of psychotropic en reviewed/approved, a of the survey, Client #2's approved aix months after it's OGRAM MONITORING &	W 263	3	1 44			
ľ	ALE COLIGIONIST DUIL !	old insure that these programs with the written informed parents (if the client is a liza.	,					
	review, the facility's higher than the facility's higher to ensure the facility and been obtained for the nedication and Beha	not met as evidenced by: n, interview and record fuman Rights Committee re written informed consent orn the client and/or their use of psychotropic vior Support Plans (BSP), ints (Client #1) included in			·		.	
. 1	he finding includes:					j	1	
12	Diservation of the evideninistration on Octo 28 PM revealed Clie	ening medication ober 14, 2008, beginning at ent #1 received medications						

		HAND HUMAN SERVICES				FORM	7: 11/06/2008 MAPPROVED 0: 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	1	IULTIFL ILDING	E CONSTRUCTION	(X3) DATE (BURVEY
	,	09Q154	B. WING			10/16/2008	
NAME OF P	ROVIDER OR BUPPLIER	·		OTRE	ET ADDRESS, CITY, STATE, ZIP CODE	10/	19/2008
MARJUL	HOMES	•			4 Eastern avenue, NW Ashington, DC 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	×	PROVIDER'S FLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	うしょう Bピ	(X5) COMPLETION DATE
W 263	nurse during the morevealed the aforemused to address the interview with the 14, 2006, during the	Gabapentin and Itanziew with the medication edication administration, mentioned medications were collected behaviors. Program Director on October conference	W	263			
	conjunction with a E Review of the client October 16, 2008, v dated March 26, 20 revealed Client #1 r	s medication was used in Behavior Support Plan (BSP). I's habilitation record on /erified Client #1 had a BSP 05. Review of the BSP sectived psychotropic rectived and explosive			W 263 Cross reference W 159 Cross reference		11/28/08
	informed consent withouse of her payor (Thorazine 200 mg) days after the payor initiated. At the time documented eviden	If the record revealed a written ras obtained for Client #1's chotropic medication on March 31, 2008, twelve notropic medication had been as of the survey, there was no ce that written informed and for the use of the client's		•	W 159 Cross reference W 159	5	(
	consent was obtained	to ensure that informed ad from Cilent #2 and/or her to the implementation of her lan (BSP).					
	14, 2008, during the revealed Client #2's conjunction with a B Review of the client' October 16, 2008, v	rogram Director on October entrance conference medication was used in chavior Support Plan (BSP). s habilitation record on crified Client #2 had a BSP Revealed					

AND PLAN OF CORRECTION Description Number De	CENTE	RS FOR MEDICAR	H AND HUMAN SERVICES E & MEDICAID SERVICES			RINTED: 11/08/20 FORM APPROVI	
MARJUL HOMES STREET ADDRESS, CITY, STATE, 2IP GODE	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				TIPLE CONSTRUCTION (X3	OMB NO. 0938-0 (X3) DATE SURVEY COMPLETED	
MARJUL HOMES SUMMARY STATEMENT OF DEPICIENCIES SALE EASTERN AVENUE, NW WASHINGTON, DC 20012			B. WING_	,			
W 263 Continued From page 12 Client #2 received psychotropic medications for Bipolar Disorder. At the time of the survey, the facility failed to provide evidence that written informed consent was obtained from the client and/or legally an authorized representative for the use of her BSP. 483.460(a)(3) PHYSICIAN SERVICES W 322 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence that written informed consent was obtained from the client and/or legally an authorized representative for the use of her BSP. 483.460(a)(3) PHYSICIAN SERVICES W 322 The facility must provide or obtain preventive and general medical care. W 322 The facility must provide or obtain preventive care services, for one of the two clients (Client 1) included in the sample. The findings include: Review of Client #1's medical record on October 14, 2008, at 12:07.PM revealed a medical assessment dated February 7, 2008. Continued review of the assessment dated February 7, 2008. Continued review of the assessment reviewled the clients every three months. Further review of the clienter medical record revealed that she was seen by the podiatrist every three months. Further review of the clienter medical record revealed that she was seen by the podiatrist every three months. Further review of the clienter medical record revealed that she was seen by the podiatrist every three months. Further review of the clienter medical record revealed that she was seen by the podiatrist every three months. Further review of the clienter medical record revealed that she was seen by the podiatrist every three months. Further review of the clienter medical record revealed that she was seen by the podiatrist every three months. Further review of the clienter medical record revealed that she was seen by the podiatrist every three months. Further review of the clienter medical record revealed that she was seen by the podiatrist every three months.	NAME OF PROVIDER OR SUPPLIER			STI	REET ADDRESS CITY STATE TIP COT	10/16/2008	
Submary strateger of periodicies (acch desiriciency was a preceded by Full. Reductory or use provide provide provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on interview and record review, the facility falled to ensure general and preventative care services, for one of the two clients (Client 1) included in the sample. The findings include: Review of Client #1's medical record on October 14, 2008, at 12:07-PM revealed a medical assessment dated February 7, 2008. Continued review of the assessment revealed the client's Primary Care Physician (PCP) recommended Client #1 to be seen by the podiatrist every three months. Further review of the client's medical record on 10/20/08. Additionally the prediction and podiatry services performed on 10/20/08. Additionally the services for appointment for Complex a 2008 extending a return-specified by the podiatrist severy three months.		<u> </u>		ļ	1634 EASTERN AVENUE, NW		
Continued From page 12 Client #2 received psychotropic medications for Bipolar Disorder. At the time of the survey, the facility failed to provide evidence that written informed consent was obtained from the client and/or legally an authorized representative for the use of her BSP. 483.480(a)(3) PHYSICIAN SERVICES W 322 The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on interview and record review, the facility falled to ensure general and preventative care services, for one of the two clients (Client 1) Included in the sample. The findings include: Review of Client #1's medical record on October 14, 2008, at 12:07-PM revealed a medical assessment dated February 7, 2008. Continued review of the assessment revealed the client's Primary Care Physician (PCP) recommended Client #1 to be seen by the podiatrist every three months. Further review of the ollent's medical record revealed that she was seen by the podiatrist on June 30, 2008. The podiatrist schelled a return-speptiment for Corpolex 8, 2008 at 2008 at 2008. At the time of the survey, the facility failed to provide well and the use of her BSP. 483.480(a)(3) PHYSICIAN SERVICES W 322 The administration will ensure that all Marjul homes facilities are providing and obtaining preventative care to include podiatry services for all clients. Additionally (Client #1) at Eastern Ave, facility in addition to all remaining clients at this location had podiatry services performed on 10/20/08. June 30, 2008. The podiatrist scheduled a return-specific that the was seen by the podiatrist on June 30, 2008. The podiatrist conducts are turn-specific to a service of the service of th	PREFIX	LEALE ON SICHERO	Y MIIQT DE DD7AEDES ALCELII.	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (BACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	- V-	
W 322 The facility must provide or obtain preventive and general medical care. This STANDARD is not met as evidenced by: Based on interview and record review, the facility falled to ensure general and preventative care services, for one of the two clients (Client 1) included in the sample. The findings include: The findings include: Review of Client #1's medical record on October 14, 2008, at 12:07 PM revealed a medical assessment dated February 7, 2008. Continued review of the assessment revealed the client's Primary Care Physician (PCP) recommended Client #1 to be seen by the podiatrist every three months. Further review of the client's medical record revealed that she was seen by the podiatrist on June 30, 2008. The podiatrist scheduled a return spepointment for Ordober 8 2008 et 000 Market.	W 263	Client #2 received Bipolar Disorder. At the time of the significant the significant that the	psychotropic medications for urvey, the facility failed to nat written informed consent the client and/or legally as	W 263	SEI GIEROTY		
The findings include: The findings include: Review of Client #1's medical record on October 14, 2008, at 12:07 PM revealed a medical assessment dated February 7, 2008. Continued review of the assessment revealed the client's Primary Care Physician (PCP) recommended Client #1 to be seen by the podiatrist every three months. Further review of the client's medical record on October 15, 2008. The podiatrist second revealed that she was seen by the podiatrist on June 30, 2008. The podiatrist steeled a return appointment for October 8, 2008 at 1900 at 1900. The administration will ensure that all Marjul homes facilities are providing and obtaining preventative care to include podiatry services for all clients. Additionally (Client #1) at Eastern Ave, facility in addition to all remaining clients at this location had podiatry services performed on 10/20/08. Additionally the	W 322	483.460(a)(3) PHYS	SICIAN SERVICES Ovide or obtain preventing and	W 322			
Review of Client #1's medical record on October 14, 2008, at 12:07 PM revealed a medical assessment dated February 7, 2008. Continued review of the assessment revealed the client's Primary Care Physician (PCP) recommended Client #1 to be seen by the podiatrist every three months. Further review of the client's medical record revealed that she was seen by the podiatrist on June 30, 2008. The podiatrist scheduled a return appointment for October 8, 2008 at 2009 at 2009.		failed to ensure gen services, for one of	and record review, the facility eral and preventative care the two clients (Client 1)		The administration will ensure that all Marjul homes		
Interview with the Program Director on October 14, 2008, at 12:32 PM was conducted to ascertain if Client #1 had been seen by the podiatrist since June 30, 2005. The Program Director indicated that she had no knowledge administration will perform monthly routine preventative care monitoring with RN at this facility. Scheduled monitor will occur on	in the second se	Review of Client #1's 14, 2008, at 12:07 P. 29869sment dated F. Teview of the assess Frimary Care Physic Client #1 to be seen nonths. Further review of the evealed that she wa- lune 30, 2008. The juppointment for Octo- nterview with the Pro 4, 2008, at 12:32 PN scentain if Client #1 juppointment at 12:32 PN	s medical record on October M. revealed a medical ebruary 7, 2008. Continued ment revealed the client's ian (PCP) recommended by the podiatrist every three client's medical record s seen by the podiatrist on podiatrist scheduled a return ber 6, 2008 at \$:00 AM. Agram Director on October Al was conducted to had been seen by the 30, 2005. The Program		obtaining preventative care to include podiatry services for all clients. Additionally (Client # 1) at Eastern Ave, facility in addition to all remaining clients at this location had podiatry service performed on 10/20/08. Additionally the administration will perform monthly routine preventative care monitoring with RN at	S	

ND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(XZ) MU A BUIL	JLTIPLE GONSTRUCTION	(X3) DATE	O. 0935-0; BURVEY LETED
	-	09G154	B. WING	G	40	# 0 /00 Am
	PROVIDER OR SUPPLIER L HOMES			STREET ADDRESS, CITY, STATE, ZIF CODI 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012		16/2008
(X4) ID PREFIX TAG	I (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR	UANTE DE	GOMPLETIC DATE
	regarding if the clie the podiatrist, but a Qualified Mental Re (QMRP). Interview with the factorist had called 2008, but was unabled time of the survey, the PCP's recommended by a podiatrist every implemented. 483.460(c) NURSIN The facility must properly a podiatrist property in accordance of the survey implemented. The facility must properly a failed to provide nursing the facility's nursing Cilent #1 was seen in the facility's nursing Cilent #1 was seen in the provide that the facility's nursing Cilent #1 was seen in the facility is nursing Cilent #1 was seen in the facili	nt had other appointments with he would check with the stardation Professional scillity's Nurse Coordinator on at 1:35 PM revealed that the dithe facility on October 6, alle to reach anyone. At the the facility failed to ensure the stion for Client #1 to be seen of three months had been did SERVICES wide clients with nursing noe with their needs. In the months had been and record review, the facility sing services in accordance ne of two clients (Client #1) bie. Services failed to ensure by the podiatriat every three and Care Physicians (Client #2)	W 33	22	2)	

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PRINTED: 11/06/2008 Health Regulation Administration FORM APPROVED STATEMENT OF DEFICIONCIES (XT) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X8) DATÉ SURVEY COMPLETED A. BUILDING B. WING HFD03-0130 NAME OF PROVIDER OR SUPPLIER 10/16/2008 STREET ADDRESS, CITY, STATE, ZIP CODE MARJUL HOMES 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID PREFIX TAG (X5) COMPLETE DATE TAG DEFICIENCY INITIAL COMMENTS 1 000 1000 A licensure survey was conducted from October 14, 2008, through October 16, 2008. A random sample of two residents was selected from a residential population of four women with mental retardation and other disabilities. The findings of the survey were based on observations, interviews at the facility and at one day program, end a review of records, including unusual incident reports. 1 082 3503.10 BEDROOMS AND BATHROOMS 1082 Each bathroom that is used by residents shall be 1082 equipped with toilet tissue, a paper towel and cup dispenser, scap for hand washing, a mirror and Each bathroom at this facility adequate lighting. was equipped with toilet tissue, paper towel, cup This Statute is not met as evidenced by: dispenser, soap for hand Based on observation and staff interview, the facility falled to ensure the provisions of this washing, mirror, and section as presented below for four of four adequate lighting for all residents residing in the facility. [Residents #1. residents residing at this #2, #3, and #4] facility to include (Residents The finding includes: #1, #2, #3 and #'4), 10/17/08 The environmental inspection on 10/16/2008, at 11:15am revealed the facility falled to ensure that all bathrooms were equipped with a cup dispenser, paper towels and scap as required by this section. 1 090 3504.1 HOUSEKEEPING 1090 The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of ecoumulations of dirt; rubbish, and objectionable Walth Replaistion Administration ABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE ETAG (BK)

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chean, orderly, and a chean, orderly, and a cour residents residir in, #2, #3, and #4] The findings include: The light builb in the bathroom on operable and no one light had been dismall on the floor in the killet seat could be in the main floor. The shower nozzical in floor was broken	the rear bedroom near and not operable. The second floor was a was allowed to use it. Integrate and was character and many of the use of the second floor was a was allowed to use it. In the bathroom on the	a ur of sients the arks an of to to he	this facilimaintain orderly, a sanitary if free of ac rubbish at odors on basis with oversight Program oversight residents if home that clean. Over environment performed HM at this document.	attractive and manner and will be cumulations of dind objectionable a scheduled week a weekly facility monitoring by director. This will provide the #1, #2, #3 and #4 is environmental eraight of facility ent will be I by QMRP and s facility daily with ation provided to	irt,	
07.2 POLICIES AND	PROCEDURES	i 101				1/28/0
	the findings include: The light builb in the light below was inoperable ound the oven door and store observed around the bathroom on perable and no one at had been dismalled in the floor in the killing of the main floor. The shower nozzie in floor was broken aging off the wait and the light been dismalled in floor was broken.	the findings include: The light builb in the rear bedroom near tohen was burnt out and not operable. One of the electric burners on the kitches was inoperable and the protective seasound the oven door was broken. Burn make observed around the upper right portion of the bathroom on the second floor was operable and no one was allowed to use it at had been dismentled and was observe on the floor in the bathroom. The toilet seat cover was missing from the ton the main floor. The shower nozzle in the bathroom on the floor was broken. The shower head was allowed to use the contract of the main floor. The shower nozzle in the bathroom on the floor was broken. The shower head was allowed to use the contract of the main floor. The shower nozzle in the bathroom on the floor was broken. The shower head was allowed by the governing of the GHMRP and shall be reviewed at the GHMRP and shall be reviewed at the contract of the GHMRP and shall be reviewed at the contract of the GHMRP and shall be reviewed at the contract of the GHMRP and shall be reviewed at the contract of the GHMRP and shall be reviewed at the contract of the GHMRP and shall be reviewed at the contract of the GHMRP and shall be reviewed at the contract of the contract	the findings include: The light builb in the rear bedroom near the tohen was burnt out and not operable. One of the electric burners on the kitchen ove was inoperable and the protective seal ound the oven door was broken. Burn marks are observed around the upper right portion of even door and stove top. The bathroom on the second ficor was operable and no one was allowed to use it. The lat had been dismentied and was observed to on the ficor in the bathroom. The toilet seat cover was missing from the let on the main ficor. The shower nozzie in the bathroom on the in ficor was broken. The shower head was aging off the wall and lying in the tub. 17.2 POLICIES AND PROCEDURES	maintain orderly, sanitary: The light bulb in the rear bedroom near the techen was burnt out and not operable. One of the electric burners on the kitchen over was inoperable and the protective seal ound the oven door was broken. Burn marks are observed around the upper right portion of the oven door and stove top. The bathroom on the second floor was operable and no one was allowed to use it. The lat had been dismantled and was observed to on the floor in the bathroom. The toilet seat cover was missing from the lot on the main floor. The shower nozzle in the bathroom on the lin floor was broken. The shower head was allowed to use it. The shower head was allowed to the main floor. The shower nozzle in the bathroom on the lin floor was broken. The shower head was allowed head was allowed by the governing to the GHMRP and shall be reviewed at	maintained in a safe, clear orderly, attractive and sanitary manner and will be free of accumulations of direction was burnt out and not operable. One of the electric burners on the kitchen over was inoperable and the protective seal ound the oven door was broken. Burn marks are oven door and stove top. The bathroom on the second floor was on the floor in the bathroom. The toilet seat cover was missing from the stone that main floor. The shower nozzle in the bathroom on the infloor was broken. The shower head was aging off the wall and lying in the tub. The collets AND PROCEDURES I manual shall be approved by the governing of the GHMRP and shall be reviewed at the corderly, attractive and sanitary manner and will be free of accumulations of dirubbish and objectionable odors on a scheduled week basis with weekly facility oversight monitoring by Program director. This oversight will provide the residents #1, #2, #3 and #4 home that is environmental clean. Oversight of facility environment will be performed by QMRP and HM at this facility daily will documentation provided to Program director.	maintained in a safe, clean, orderly, attractive and sanitary manner and will be free of accumulations of dirt, rubbish and objectionable odors on a scheduled weekly basis with weekly facility oversight monitoring by Program director. This oversight and no one was allowed to use it. The lathace and no one was allowed to use it. The store in the bathroom. The toilet seat cover was missing from the et on the main floor. The shower nozzle in the bathroom on the in floor was broken. The shower head was allowed by the governing of the GHMRP and shall be approved by the governing of the GHMRP and shall be approved by the governing of the GHMRP and shall be reviewed at the condensation and sanitary manner and will be free of accumulations of dirt, rubbish and objectionable odors on a scheduled weekly basis with weekly facility oversight monitoring by Program director. This oversight will provide the residents #1, #2, #3 and #4 a home that is environmentally clean. Oversight of facility's environment will be performed by QMRP and HMM at this facility daily with documentation provided to Program director.

MARJULHOMES

PRINTED: 11/06/2008 FORM APPROVED. Health Requistion Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (XS) DATE BURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING B. WING HFD03-0130 10/16/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW MARJUL HOMES WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PRBFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE ID (X6) COMPLETE DATE PREFIX TAG TAG DEFICIENCY) 1 161 | Continued From page 2 1 181 This Statute is not met as evidenced by: Based on interview and record review, the I 161 GHMRP failed to provide evidence that the governing body approved and reviewed its policies and procedures ennually. The administration will review and update its policy The finding includes: and procedure manual by 11/28/08 interview with the Program Director and review of the policy and procedures manual on October 16, 2008; falled to provide evidence that the manual had been reviewed and approved by the governing body as required since 2007. 1,274 3513.1(a) ADMINISTRATIVE RECORDS 1274 Each GHMRP shall maintain for each authorized agency 's inspection, at any time, the following administratīve records: I 274 (e) Signed agreements or contracts for professional services: The administration will ensure that all professional This Statute is not met as evidenced by: services and contracts with Based on record review and staff interview, the Group Home for the Mentally Retarded (GHMRP) Mariul homes shall be falled to provide evidence of all signed maintained in a manner that agreements and/or contracts for professional is satisfactory for agency aervices. inspections with quarterly The finding includes: oversight of said records conducted by Human Record review and staff interview on 10/16/2008, revealed the facility falled to present evidence resources department and that contracts were secured for all professional Program director. 11/28/08 service providers. There was no evidence presented or on file at the time of survey to substantiate that signed agreements were secured for all contracted professionals as

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required by this section.

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MARJULHOMES

Statement ND Plan C	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO HFD03-0130	ER/CLIA JMBER:	(X2) MULTII A. BUILDING B. WING	PLE CONSTRUCTION	(X3) DATE COMPI	LETED
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